



RECEIVED

TEP

2015 AUG -7 A 11: 36

Tucson Electric Power
88 East Broadway Blvd., P.O. Box 711
Tucson, Arizona 85702

AZ CORP COMMISSION
DOCKET CONTROL

August 6, 2015

ORIGINAL

Docket Control
Arizona Corporation Commission
1200 West Washington Street
Phoenix, AZ 85007

Re: Notice of Filing – In The Matter Of The Formal Complaint Of Thomas Patzke,
Complainant V. Tucson Electric Power Company, Respondent Order Dismissing
Complaint, Decision No. 74612, Docket No. E-01933A-12-0416

Pursuant to Decision No. 74612 (October 25, 2013), Tucson Electric Power Company ("TEP") is required to file with Docket Control a Notice of Payment Pursuant to Settlement Agreement. I has come to our attention that TEP did not file the Notice of Payment. Please be advised that Mr. Patzke was issued payment in the amount of \$3,000 as per the settlement agreement in the form of a check dated October 24, 2013. Please find attached a copy of the letter, check, and certified mail receipt.

If you have any questions, please contact me at (520) 884-3680.

Sincerely,

Melissa Morales
Regulatory Services

Enclosures: Copy of Letter, Copy of Check, Copy of Certified Mail Receipts

cc: Compliance Section, ACC

Arizona Corporation Commission
DOCKETED

AUG 07 2015

DOCKETED BY

ROSHKA DEWULF & PATTEN

ROSHKA DEWULF & PATTEN, PLC
ATTORNEYS AT LAW
ONE ARIZONA CENTER
400 EAST VAN BUREN STREET
SUITE 800
PHOENIX, ARIZONA 85004
TELEPHONE NO 602-256-6100
FACSIMILE 602-256-6800

October 24, 2013

VIA Certified Mail

Mr. Thomas Patzke
12951 N. Tailwind Drive
Oro Valley, AZ 85755

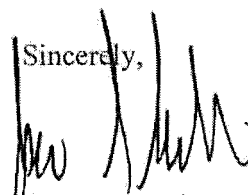
RE: Thomas Patzke v. Tucson Electric Power –
Docket No. E-01933A-12-0416

Dear Mr. Patzke,

Enclosed please find a check in the amount of \$3,000.00 which represents the final agreed-upon amount as set forth in the settlement, and is being sent in compliance with the Commission's approval of the settlement agreement – during its Open Meeting held on October 16, 2013.¹ Tucson Electric Power ("TEP") has fulfilled its commitment under the settlement agreement and we consider this matter resolved.

If you have any questions, please do not hesitate to contact this office.

Sincerely,



Jason D. Gellman

JDG:mi
Enclosure

¹The Commission will issue a written decision approving the settlement in accordance with the recommended opinion and order issued by the Administrative Law Judge.

ROSHKA DEWULF & PARTEN, PLC
IOLTA TRUST ACCOUNT
PHONE 602-256-6100
400 E. VAN BUREN ST., #800
PHOENIX, AZ 85004

ARIZONA BANK & TRUST
(877) 280-1957
WWW.ARIZBANK.COM

3754

91-001-1221

10/24/2013

PAY TO THE
ORDER OF Thomas Patzke

\$3,000.00

Three Thousand and 00/100*****

DOLLARS

Thomas Patzke

MEMO

Settlement



MP

Thomas Patzke

Settlement (tep.patzke)

10/24/2013

3754
3,000.00

AZ Bank & Trust IOLT Settlement

3,000.00

7011 2000 0002 1060 8347

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To THOMAS PATZKE Street, Apt. No., or PO Box No. 12951 N. TAILWIND DR. City, State, ZIP+4 ORO VALLEY AZ 85755	
PS Form 3800, August 2006 See Reverse for Instructions	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services: ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Thomas Patzke 12951 N. Tailwind Drive Oro Valley, AZ 85755		4a. Article Number 7011 2000 0002 1060 8347 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) Karin Patzke		7. Date of Delivery	
6. Signature: (Addressee or Agent) X Karin Patzke		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.